

Name: _____ Date of Birth: _____
Diagnosis: Shoulder Instability Code: M25.32
Procedure: Arthroscopic Labral Repair Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Phase I: Protect Repair (0 to 6 weeks after surgery)

- Remove dressing and shower post-operative day #3.
- Sutures are removed at first post-operative visit
- Ice or cold flow systems encouraged for the first week at a minimum: Use 3-4 times a day
- Sling at all times when not performing exercises
- Start scapular mobility exercises at 4 weeks. Keep the shoulder muscles relaxed
- Initiate exercise program 5 times per day (after splint removed):
 - Immediate elbow, wrist, and hand ROM out of sling
 - Pendulum exercises
 - Passive and active assistive ER at the side to 30 degrees. Flexion and scapular plan elevation to 90 degrees only (starting at 2 weeks)

Phase II: Progress ROM and Protect Repair (6 to 12 weeks after surgery)

- Discontinue sling
- Lifting restriction of 5 lbs with the surgical arm
- Initiate gentle rotator cuff strengthening and scapular stabilizer strengthening
- Advance active and passive ROM
 - ER at the side and flexion to tolerance
 - Scapular plane elevation to 130 degrees
 - IR and extension to tolerance

Phase II: Progress ROM and Protect Repair (6 to 12 weeks after surgery)

- Being combined abduction with ER and IR ROM and advance capsular mobility (gently)
- Discontinue lifting restrictions
- Advance rotator cuff and scapular stabilizer strengthening
- Initiate functional progression to sports specific activities at 4 months

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____

Additional Resources found at ChrisJoyceMD.com

Chris Joyce MD, 2022